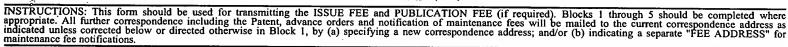
PART B - FEE(S) TRANSMITTAL

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		30	<u>(</u> 5)	(Signature)			
		1 00,		•		(Date)	
APPLICATION NO.	ON NO. FILING DATE		MRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/517,449 12/09/2004		Edmund Sander		028987.55399US	8622		
CITLE OF INVENTION: BEARING ARRANGEMENT FOR AT LEAST ONE GEARBOX WHEEL GEARWHEEL							
						•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1400 \$14 5 0	\$300	\$0	\$1700	10/31/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS		1007 CHGUYEN3 00000065	10517449	
LEWIS, TISHA D		3681	074-640000	01 FC:1	501 504	1440.00 OP 300.00 OD	
Change of correspondence CFR 1.363).	ce address or indication	n of "Fee Address" (37		ng on the patent front page, list 1			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/1	22) attached.	Indication forms	(2) the name of a single firm (having as a member a				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	or more recent) attach	ed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Dr. Ing. h.c.F. Porsche Aktiengesellschaft Stuttgart, Germany							
Herea check the environment excitons action in (11)							
'lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛣 Corporation or other private group entity 🗀 Government							
ia. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously pure listue fee						e shown above)	
Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
🖾 Advance Order - # o	f Copies5		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form).				
Change in Entity Status	(from status indicated	l abova)	overpayment, to De	posit Account Number	er <u>05-1323</u> (enclose	an extra copy of this form).	
Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
			d from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in coffice.				
	VV	es ratent and Tragemark	Office.		-		
Authorized Signature	/ M/ Jeo	<u> </u>		Date Octo	ober 30, 2006		
Typed or printed name			25,406 Registration No.				
his collection of information	on is required by 37 Cl	FR 1.311. The information	on is required to obtain o	r retain a benefit by t	he public which is to file (ar	nd by the LISPTO to process)	
n application. Confidential ubmitting the completed a his form and/or suggestion. lox 1450, Alexandria, Virginia 22313	ity is governed by 35 pplication form to the s for reducing this burning 22313-1450. DO 1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR	1.14. This collection is a depending upon the interest of the Complete Forms.	estimated to take 12 r lividual case. Any co icer, U.S. Patent and TO THIS ADDRESS	ninutes to complete, including mments on the amount of the Trademark Office, U.S. Dept. SEND TO: Commissioner	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	
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